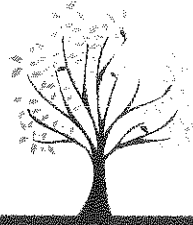


SEASONS



DEC 22
Transformative
Care Rooted in
the Community

December 3, 2015

Via Email

Kevin McDonald, Chief
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: Seasons Residential Treatment Program, LLC
Docket No. 14-16-2367

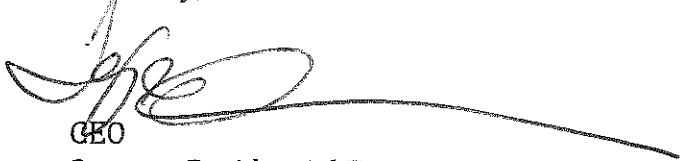
Response to Interested Party Comments

Dear Mr. McDonald:

With this letter, we are submitting six (6) copies of our Response to Comments filed on behalf of Adventist Healthcare Behavioral Health and Wellness Services and Sheppard Pratt Health System, Inc. in the above referenced matter.

I hereby certify that a copy of the Response to Comments has also been forwarded to the appropriate local health planning agency as noted below.

Sincerely,


GEO
Seasons Residential Treatment Program, LLC

Cc: Mr. Paul Parker
Ms. Suellen Widerman
Ms Pamela Creekmur
Mr. Kevin McDonald
Ms. Ruby Potter
Mr. Howard Sollins
Mr. James Buck

IN THE MATTER OF	*	BEFORE THE
ADVENTIST HEALTHCARE BEHAVIORAL	*	MARYLAND
HEALTH AND WELLNESS SERVICES	*	HEALTH CARE
SHEPPARD PRATT HEALTH SYSTEM, INC	*	COMMISSION
DOCKET NO. 14-16-2367	*	

Seasons Residential Treatment Program, LLC (Seasons), pursuant to COMAR 10.24.01.08F(3) submits this Response to Comments filed on behalf of Adventist Healthcare Behavioral Health and Wellness Services (Adventist) and Sheppard Pratt Health System, Inc. (Sheppard Pratt) (collectively, the “Interested Parties”) in opposition to the above-captioned project.

As will be explained below, the comments filed by the Interested Parties are without critical and current analysis of the need for additional beds to support Maryland youth with refractory behaviors who are currently receiving treatment outside of the State of Maryland and adolescents and young adults from the region who are forced to seek care in treatment facilities far from their natural home and communities in which they live Central to our argument, delivery model and core belief is the need for a culturally competent, community and family-focused residential treatment program committed to short-term, effective care for tough to treat residents in need of therapeutic, not punitive support. If this program is approved, we will deliver clinical excellence and treatment transparency by continuing to make our outcomes data available to **all** stakeholders (emphasis added).

Neither Interested Party provides substantial evidence to contradict the need for evidence-based treatment modalities and aggressive and effective community

reintegration and discharge planning to combat the high average lengths of stay and recidivism rate of youth placed in residential treatment programs. In their opposition to this project, both Interested Parties state the proposed residential treatment center fails to deliver “anything new” to the market and the program, if approved, would be redundant in its service delivery model in a market with declining utilization.

The applicant will demonstrate need based on data which suggests Maryland youth are still going to out of state programs, neighboring state referral sources are not placing youth with existing Maryland RTC providers and the current need to fill service gaps for tough to treat youth. We will also qualify the size and scope of the market to better define “impact on existing providers.”

Neither Interested Party has sufficiently supported why there continues to be “empty beds” in Maryland at the same time youth are being placed in out of state placements. Or, why existing residential treatment programs seem to be unwilling to treat dually-diagnosed, assaultive or highly aggressive emotionally disturbed individuals, with a history of arson or fire setting behaviors, as defined in COMAR 10.24.07.04(a) with the gluttony of so many “empty beds.” This fact seems to contradict the fundamental position of the Interested Parties about the gluttony of available beds and the impact Seasons would have on existing providers.

We would ask the Interested Parties and others why haven’t providers responded to the unmet **treatment** needs (emphasis added) of Maryland youth. According to information outlined in the State Health Plan (SHP), this is not a new challenge for state providers. Why are so many of these youth being placed in out of state programs, taking valuable assets and resources with them? How can providers ensure effective after care

and discharge planning when youth are placed so far from home and community resources?

We would further challenge the Interested Parties to explain their comments rejecting a new provider when Maryland youth are still being sent to programs as far away as Georgia, Florida and Iowa, decreasing the likelihood of coordinated discharge planning and effective family treatment and support. Outside of a concentrated and concerted effort by community-based providers in and around the City of Baltimore, we would ask where is the coordinated care and community-based collaboration that leads to better outcomes and lower rehospitalization rate for youth who meet this level of care.

As part of our research, we discovered many existing providers are unwilling or unable to treat this “tough to treat” population because of the behaviors that often mask a deeply rooted history of family neglect, trauma and apathy.

Interested Parties cited the availability of beds in state operated, committed (detention) facilities. (J. DeWeese Carter and Victor Cullen) and the “two 48-bed secure treatment centers for male youth.” It would be unfair in our analysis to predict the success or treatment approach of the DJS capital improvement project(s) prior to launch in the next 12-18 months. We don’t know what these facilities will look like without access to their individual program models, growth plan or scope. However, by suggesting we compare our proposed program to detention models, we hope the Interested Parties are not suggesting that “best practice” is to place adolescents and young adults with a history and diagnosis of mental illness in non-therapeutic environments.

The Interested Parties failed to provide significant proof that we would significantly impact their ability (and willingness) to serve youth in the region if the program is

approved. Our first priority is to support the needs of Maryland youth and families. We will prioritize admissions for appropriate Maryland adolescent and young adult admissions, while extending our service delivery model to include youth in need of care in neighboring states.

There is nothing in the Maryland regulations that preclude new (or existing) providers from expanding their referral base, payer mix (funding sources) or outreach to agencies and partners in neighboring states. It is quite possible, existing providers may have entered in to contractual relationships that preclude them from working with neighboring states referral sources. This may be the key driver as to why residential treatment providers are reporting declining utilization and bed vacancies. Perhaps they have not been able to respond to both market and consumer demands. The decision to primarily (and only in some instances) serve Maryland youth is based on the specific goals and capability of the provider. These constraints should not influence how new providers should plan to deliver care or evaluate “need” in a dynamic environment where PRTF services are widely accepted and embraced as regional and national in referral “scope” and (where) distance is mitigated by the use of new technology.

The Interested Parties have not provided any substantial evidence or argument to contradict the need for a licensed residential treatment program and certified Psychiatric Residential Treatment Facility (PRTF) committed to treating this “special” population of youth from around the region often sent far from their community and family resources.

The Interested Parties failed in their ability to explain why adolescents and families in southern Maryland do not deserve to have an accessible residential

treatment program in their community. They also failed to answer why so many believe the program will enhance the quality and quantity of mental health resources around the state.

The approval of this program will also bring much-needed mental health resources to southern Maryland counties and provide real options for tough to treat young adults above the age of 18 and youth in need of clinical assessments to help support next level of care placement and reintegration. Finally, consideration should be given within the “need” argument for the quantity and quality of programs (beds) that can deliver the type of programming we plan to provide and the number of families from around the region who will likely benefit from the great outcomes and after care we will deliver.

Regarding the issue of applicable COMAR regulations, in July of 2014, applicant met with MHCC to discuss the applicable COMAR regulations and State Health Plan by which to file the Certificate of Need application. Applicant was instructed to use those State Health Plan standards listed, cited and submitted to the MHCC in the CON application for the proposed residential treatment program. Seasons Residential Treatment Program seeks a license from the Department of Health and Mental Hygiene to operate as a Residential Treatment Center.

During the pre-application meeting, we discussed the demographics and acuity level of the adolescents and young adults we wish to serve. We also met with Department of Health and Mental Hygiene (DHMH) to discuss the appropriate licensing category and with State Medicaid Authority about what separates a PRTF from a RTC in the State of Maryland. During that same round of meetings, well in advance of application submission, we met

with all Maryland agency partners, including the State Dept of Education, Governor's Office for Children, Department of Human Resources and Department of Juvenile Services to discuss the proposed project. During the many meetings we had regarding this project, we were informed (that) letters of support could not be provided for providers not yet contracted with the agencies.

We will respond to the challenges raised by Sheppard Pratt and Adventist in each are of SHP according to the challenges presented in their opposition document.

According to opposition documents filed on behalf of Sheppard Pratt, Seasons "failed to demonstrate need for another residential treatment center ("RTC) in Maryland." Adventist stated (that) Seasons "is not proposing to offer any level of care or licensure category that is not already available with Maryland at multiple facilities." We understand the issue of "need" is critical to the determination of our application before the MHCC, as such under this category, we will:

- Quantify and qualify the total number of licensed RTC beds in the State of Maryland currently serving the same population as the proposed program;
- Revisit the issue of youth placement in out-of-state facilities;
- Discuss our focus on regional admissions, out of state placements, payer mix and support for a continuum of care consistent with legislative initiatives and CON preference rules

During the due diligence process to support the CON application for Seasons Residential Treatment Program, we used public information, including provider websites, collateral materials and direct communication with the admissions department for each facility to inform the provider chart listed in the docketed application.

The information collected and reported by the applicant was understood to be true and correct at the time of initial filing. There were two omissions in the docketed application – we misstated the PRTF status of Adventist programs (State Medicaid Agency provided the information and Good Shepherd is licensed for 115 beds instead of 111. We included the new information in the chart below. We did not purposely or maliciously provide “erroneous” information to the MHCC.

The updated provider chart below outlines the name, location and age of population approved for admission to residential treatment centers licensed by the Maryland Department of Health and Mental Hygiene (DHMH) Office of Health Care Quality. There are **10 RTC’s** licensed by the Maryland Department of Health and Mental Hygiene. According to the agency website, the provider information was last updated on November 3, 2015 and this information is deemed true at the time of this filing.

In response to the opposition documents filed on behalf of Adventist and Sheppard Pratt, we also contacted the Maryland State Medicaid Authority (SMA) for a current list of Maryland Psychiatric Residential Treatment Facilities (PRTFs) certified by the Center for Medicare and Medicaid (CMS) as meeting the federal requirements for PRTF designation in the State of Maryland. The definition and regulations for PRTF certification can be found in the docketed application.

Program Name	Beds	Age; gender	Certified PRTF	County
Adventist Behavioral Health: Rockville	88 Beds	12-18 years; coed	Y	Montgomery County
Adventist Behavioral Health: Cambridge	59 Beds:	12-18 years, Co-Ed	Y	Dorchester County

Berkeley & Eleanor Mann Residential Treatment Center (Sheppard Pratt Health System)	58 Beds	12-21 years, Co-Ed	Y	Baltimore City
The Jefferson School (Sheppard Pratt Health System)	53 Beds	12-21 years; coed	Y	Frederick County.
Good Shepherd Services	115 Beds	13-21; coed	Y	Baltimore County.
Woodbourne Center	48 beds	12-18 years old; males	N	Baltimore County
St. Vincent's Villa	95 Beds;	5-14 years old; co-ed	N	Baltimore County
Chesapeake Treatment Center	29 Beds	16-20 years; male sex offenders; specialized program, MD YOUTH ONLY	N	Dorchester County
John L. Gildner Regional Institute for Children (RICA)	80 beds	12-18 years; coed; YOUTH RESIDING IN CENTRAL MD ONLY	N	Montgomery County
RICA Baltimore	45 beds	12-18 years; coed; MD YOUTH ONLY	N	Baltimore City

Impact on Existing Providers

Please see the attached map indicating where Residential Treatment Centers are located in the state of Maryland.

Response to Interested Party comment regarding duplication of services

In order to better understand where there may be a true duplication of services and potential impact on existing providers, we must first qualify and compare the 10 licensed RTC's to the proposed program.

Follows is a summation of where our proposed program overlaps with existing providers based on age and type of services offered:

- Both Rockville and Cambridge programs of Adventist Healthcare Behavioral Health and Wellness Services are licensed to treat youth up until the age of 18 years old. At the time of this response we were unable to get information about the average age of admissions and what impact we would have on the ages where we overlap. Seasons would pursue a partnership with Adventist to extend care for “transitional age” youth who still meet the level of care for RTC placement during discharge from Adventist programs;
- Both Sheppard Pratt RTCs directly compete with Seasons for youth up to the age of 21 in need of RTC placement and (probable) PRTF level of care. The program is located in Baltimore with an array of services in and around the City of Baltimore. At the time of this response, it is unclear (using current county data) how many youth from southern Maryland are served in the Sheppard Pratt programs (Governor’s Office for Children lists “from and to” county and not program admission data). We also cannot determine where out of state referrals are coming from and if there is overlap in this area. Total number of beds in total and direct competition: **111 beds**
- Good Sheppard Services directly compete with Seasons for youth up to the age of 21 in need of RTC placement and (probable) PRTF level of care. The program is located in Baltimore with an array of services in and around Baltimore County. At the time of this response, it is unclear (using current county data) how many youth from southern Maryland are served in Good Shepherd (Governor’s Office for Children

lists “from and to” county and not program admission data). We also cannot determine where out of state referrals are coming from and if there is overlap in this area. Total number of beds in total and direct competition: **115 beds**

- Woodbourne Center is licensed to treat youth up until the age of 18 years old. At the time of this response we were unable to get information about the average age of admissions at Woodbourne and what impact we would have on the ages where we overlap. Seasons would pursue a partnership with Woodbourne to extend care for “transitional age” youth who still meet the level of care for RTC placement during discharge from Woodbourne;
- St. Vincent’s Villa and Seasons will only compete/overlap with potential adolescent admissions at ages 13 and 14 years old;
- Chesapeake Treatment is a specialized RTC and supports youth whose presenting issue and placement need is based on sexually offensive behaviors and offenses. While Seasons will treat youth who have demonstrated “sexual acting out,” if the primary and prevailing illness is sexual in nature, without a history of trauma or Axis I diagnosis, we will refer appropriate admissions to Chesapeake
- John L Gildner, RICA: Admissions limited to Maryland youth ages 12-18 from the Eastern Shore, and parts of Western Maryland;”
- RICA Baltimore: is licensed to treat Maryland youth only and must discharge at the age of 18. At the time of this response we were unable to get information about the average age of admissions at RICA Baltimore and what impact we would have on the ages where we overlap. Seasons would pursue a partnership for appropriate youth

in order to extend care for “transitional age” youth who still meet the level of care for RTC placement at the time of discharge.

In summary, Seasons would directly compete with three (3) Maryland residential treatment center providers. The three (3) Baltimore area programs represent **226 beds** (emphasis added) where our admissions criteria would seemingly overlap. Only 50% of residential treatment programs in the State of Maryland are certified as PRTFs.

Consistent with information provided in the docketed application, certified PRTFs generally have a higher programmatic standard and threshold for patients with higher levels of acuity (but, don’t meet the standard for acute). Interested Parties failed to tease out these data in their response and “paint” all RTC’s as “equal.” All programs are not created equal.

On page 9 of the Interested Party document filed by Adventist, and included in the docketed application, all Maryland RTCs and certified PRTFs *are greater than 50 miles* (emphasis added) from the proposed Seasons Residential Treatment Program site.

Response to comments regarding the ability to serve adults in state-licensed RTCs

On page 2 and 3 of the opposition document filed on behalf of Adventist, the provider states, “it has not been established that adults may receive services in a state-licensed RTC.” The applicant met with the director of the hospitals licensing unit under the Office of Health Care Quality several times prior to application submission to discuss/confirm licensing requirements and state regulations. The applicant also

discussed Maryland regulations and the annotated code pertaining to the level of care we wish to provide and the population (age range) we wish to serve.

According to opposition documents filed by Adventist, "it has not been established that adults may receive services in a state-licensed RTC." However, Sheppard Pratt, Good Shepherd and Chesapeake Treatment Center, are all providing mental health services in state-licensed RTC's. To be clear, these admissions are not adolescents who became adults during treatment, or special circumstances, all of the RTC providers listed above promote their programs to referral sources that serve adult residents (according to Maryland law, you are legally an adult at the age of 18 years).

Response to comments about length of stay and our failure to offer any level of care or licensure category that is not already available in existing programs

On page 3 of the opposition document and included on page 226 of Exhibit 1 filed by Adventist, the provider sites

Maryland statute which defines residential treatment center, "RTC" as a "related institution" ...that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disturbance or mental illness who require a self-contained, therapeutic, educational and recreational program in a residential setting whose length of stay averages between 12 and 18 months.....

In this instance, we concur with the conclusion made by Adventist, we do not want to duplicate average lengths of stay of "12 and 18 months." Instead, we hope to bring a fresh clinical and therapeutic approach to residents who have languished in RTC's and have

not had comprehensive discharge planning, family involvement, independent living skill supports and sustainable tools to keep them from continually returning to this level of care

Response to questions about Hardware vs. Staff Secure

Both Adventist and Sheppard Pratt have questioned the ability of Seasons to provide a physical plant conducive to the type of youth we seek to serve and a staffing model that supports the behavioral, therapeutic and programming needs of the adolescents and young adults in our care. We would like to focus the argument away from the detention and DJS run facilities and the associated restrictive levels of these institutions.

We do not plan to compete with the state-run committed/detention facilities that are generally punitive in their approach and culture. We want to deliver youth and family focused safe, structured, individualized, supportive clinical care to Maryland. We want to compete with those programs that provide evidence-based supports and care to youth who may/not be court-involved and have serious behavior problems, a likely co-morbidity, possible dual diagnosis,(an almost) certain underlying trauma diagnosis and a history of mental health challenges.

As a point of clarity in response to the Adventist and Sheppard Pratt opposition, the construction, design, hardware and physical plant layout of the proposed program will qualify Seasons Residential Treatment Program as hardware *and* staff secure. The designation to be able to handle both is based on the Maryland Department of Juvenile Services definition of staff and hardware secure programs. The agencies website states:

A staff-secure program “manages youth movement through staff supervision.” The agency defines “hardware secure” programs as those programs where the “movement of youth within the facility is managed by

both staff supervision and the construction and hardware of the facility, such as locks, bars and fences.”

As noted in the docketed application and completeness response letter, the proposed single building facility is designed with unbreakable/shatterproof windows and doors. The interior courtyard is designed to host a variety of recreational activities. There is no access from the courtyard to the building exterior, except through re-entry to the facility. The design of the physical plant eliminates the need for a perimeter fence and supports a more therapeutic and less punitive, environment. Specific and detailed architectural plans and site layout information is included in our application on file with MHCC.

Need

The BHA recommends that “the current capacity of residential treatment centers in Maryland appears adequate to meet the needs of Maryland youth for this level of care for the foreseeable future, based on vacancy rates ...”

The need for RTC beds to support tough to treat patients is well documented by several stakeholders in the application and the completeness letter(s) on file with MHCC. There are several factors that contribute to “empty beds.” There is no way to determine if all beds licensed by MD DHMH are available, operational and online. Providers may not have the right payer mix in place to operate/staff/support unit placements, or may not be able to admit youth in beds contractually allocated to agencies that have decreased utilization.

Providers may choose not to admit youth with certain behavioral problems or diagnosis – there are many factors that contribute to “empty beds,” including staffing, milieu dynamics and availability/access to required licensed clinical staff.

Need: Neighboring States

As stated in the application, Seasons is petitioning to deliver hardware and staff secure 72-bed residential treatment center in Prince George’s County, Maryland to support the behavioral health needs of adolescents, young adults and families in Maryland, Virginia, West Virginia, the District of Columbia.

In the opposition statement filed by/on behalf of Adventist, the provider incorrectly stated our program would serve “all of the State of Maryland” without regard to our plan to extend admissions and outreach beyond the State of Maryland.

There is nothing in the COMAR regulations which requires Maryland residential treatment centers to limit programming to state residents. Several of the residential treatment programs listed above serve a (very)small percentage of Washington DC youth. Letters of support filed on behalf of Seasons indicate there remains a need for a residential program within close proximity of the District of Columbia able to handle the acuity and behaviors of court involved (committed and non-committed) youth.

As mentioned in the letter of support from DYRS, Washington, DC agencies send all youth in need of PRTF level support (see definition of PRTF in Exhibit 3 of the application on file with MHCC) or secure placement out of the District. With so many “empty beds” we can only speculate as to why so many Maryland providers are unable/unwilling to admit youth from the District of Columbia.

According to **Exhibit 2** attached to this response letter, placement data collected for out of state placement of DC youth indicates 437 youth in out of state placement in FY '11 and 275 out of state placements in FY '12. As noted in the Interested Party documents, the District of Columbia, like all jurisdictions are working hard to keep youth at home with supportive services instead of in residential placement. The data indicates for both FY'11 and FY'12, there were only four youth placed in two Maryland residential treatment programs (Good Shepherd, "unsecured program" and Adventist, Potomac Ridge, "staff secure program.")

The issues raised in the response documents by Interested Parties regarding our ability to treat and accept youth from the District of Columbia is unfounded. In response to a RFP distributed 2 years ago, we were awarded the contract to support youth in need of clinical assessment. As the Interested Parties are aware, Human Care Agreements are never a guarantee of business, however, it speaks volumes about our program plan and their need to be awarded an agreement contingent upon Maryland licensure with existing providers already in the market and "available" to admit District residents.

Our plan to support the needs of Washington DC youth does not mean we do *not* want to serve Maryland youth. The decision to serve youth in the region is reflective of the utilization trend among all states mandated to reduce residential placements, justify lengths of stay and resources. It is also consistent with legislative efforts to keep children and adolescents closer to natural resources and their community.

In a recent report, entitled, *West Virginia Students with Disabilities in Out-of-State Facilities*, compiled by the West Virginia Department of Education, Office of Special

Programs for FY '13, the data suggest there is a need for a residential treatment center in Maryland that can handle the needs of West Virginia youth (see Exhibit 3 attached to the response document).

The purpose of the report is to provide basic information regarding students with disabilities placed in out of state residential facilities by the West Virginia Department of Health and Human Services (WVDHHR), or by Local Education Authorities (LEAs). According to the data, more than \$3.5M (education dollars) was spent by WVDHHR on out of state residential placement. The greatest need for placement was in counties bordering the State of Maryland. However, in FY '13 according to this report, none of students placed in out of state facilities, were placed in Maryland programs.

Data from the attached report indicates in FY 13, more than 280 students with disabilities have been placed by the WVDHHR for non-educational purposes (treatment driven placement). On page 11 of the attached document, the following states had the greatest number of West Virginia youth in care: Pennsylvania (152), Virginia (66), Florida (23) and Tennessee (21). In light of the "empty beds" in residential programs in Maryland and the assertion by the Interested Parties (that) there is no need for a Maryland program equipped to handle youth from neighboring states with a primary psychiatric disorder and documented behaviors, we submit this information as indication of need.

The point of submitting the data in Exhibit 3 is to show the amount of resources West Virginia agencies spent for non-educational placements in out of state facilities. We also thought it would be helpful to show where the financial and people resources are going (as far away as Iowa). Most of schools on the "Highest Out of State Placement"

list found on page 11 admit students with an IQ of 70 or above – these are not all special education youth, though most had an IEP. These youth placed by West Virginia are similar to the youth we propose to serve at Seasons Residential Treatment Program.

We plan to serve youth in neighboring states because of our corporate commitment to reducing lengths of stay, increasing parent and family involvement and partnering with lower levels of care providers to promote successful community reintegration and outcomes. Our program is effective when there is a true commitment from the stakeholders to continue the work done in residential treatment, post-discharge.

As a Maryland provider, we are committed to serving Maryland youth and families. Our first priority is to help improve and expand access to healthcare for local and state residents. We stand behind the information regarding the projected source and number of referrals stated in Question 11 of the revised completeness letter filed with MHCC on September 3, 2015. The information was submitted to support standard 10.24.07 G 3(a) Need.

Response to Opposition: Adequate staffing for placements

We acknowledge there may be a very small percentage of funding sources and referral agencies, where occasionally, we may need to review our operations and staffing model against a decision to enter in to a contractual relationship. However, based on our current admissions projections and proposed agency partnerships, this issue would potentially impact our ability to admit 1 or 2 youths per year, from one agency in West Virginia during the first five years of operations. This “worst case scenario” would be contingent on our inability to negotiate either a single case agreement to support a specific

admission, or a waiver of the staffing requirement based on the need of the placing agency - both are common occurrences.

Response to Interested Parties: Service Duplication

Based on the data from referral sources in neighboring states and the number of Maryland youth who continue to go out of state for care, we maintain there is a tremendous need for a licensed residential treatment program that will meet the standards for certification under CMS regulations to operate as a Psychiatric Residential Treatment Facility. As stated in our application a PRTF is:

a facility, other than a hospital that provides psychiatric services...to children under the age of 21 in an inpatient setting. *PRTFs must be accredited by the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation of Services for Families and Children (COA) or by any other accrediting organization with comparable standards that is recognized by the state.*

Seasons plans to follow all State of Maryland requirements, rules and regulations in order to obtain the necessary State Medicaid agency approvals and certification. We are appealing to provide and identified service gap for tough to treat youth in need of treatment in a residential program.

Seasons would support, enhance and extend the quality behavioral healthcare options available to Maryland residents currently going out of state for care and would be a great regional resource for adolescents, families and young adults who may be unable to participate in care due to program distance of the program. Our clinical outcomes and ability to treat very refractory behaviors, psychiatric disorders and co-morbid substance

abuse will be a tremendous asset to southern Maryland and the network of community and provider partnerships we hope to develop.

The information provided in this response letter is consistent with the detailed responses to the completeness letter and the application on file. The key issues relative to duplication of beds, impact on existing providers, willingness to work with special populations, justification for a diverse payer mix and need, are clearly defended in this presentation. We strongly believe we have met and exceeded the standards in the SHP according to MHCC staff according to the regulatory direction provided.

Conclusion

For the reasons set forth above, Seasons Residential Treatment Program, LLC respectfully asked for this 72 bed project to build a residential treatment center on Allentown Road be approved.

Respectfully submitted,

Tyeaesis Johnson

CEO

Seasons Residential Treatment Program

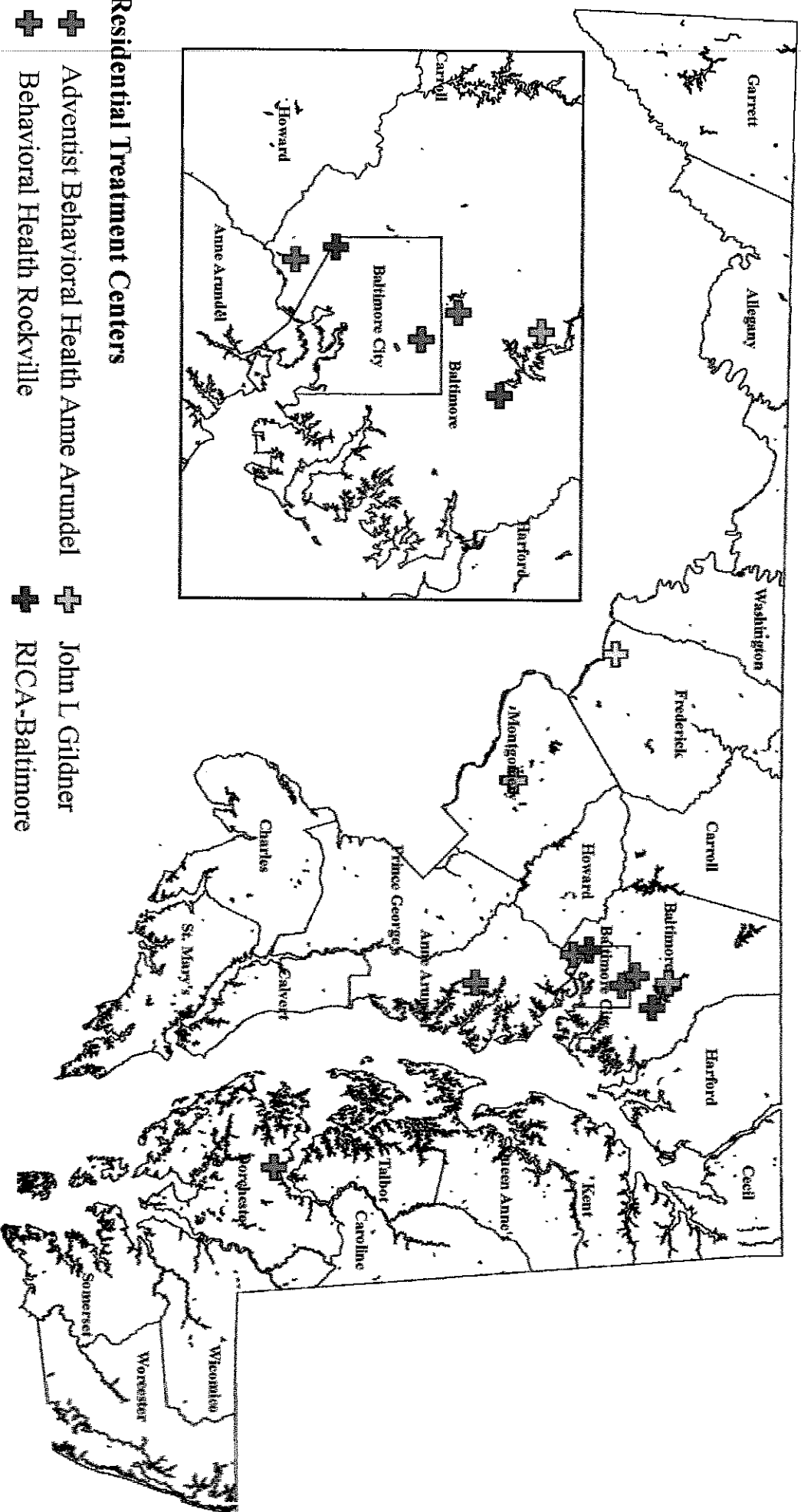
List of Exhibits
Response to Comments from Interested Party
Docket No: 14-16-2367

- 1) Maryland Residential Treatment Center Map
- 2) Washington DC Placement Data for FY 11 and FY 12
- 3) West Virginia Students With Disabilities in Out-Of-State Facilities (FY 13 Report

Exhibit 1
Response to Comments from Interested Party
Docket No: 14-16-2367

Exhibit 1: Maryland Residential Treatment Center Map

Maryland Residential Treatment Centers



Residential Treatment Centers

- | | |
|--|------------------------|
| ✚ Adventist Behavioral Health Anne Arundel | ✚ John L. Gildner |
| ✚ Behavioral Health Rockville | ✚ RICA-Baltimore |
| ✚ Behavioral Health Eastern Shore | ✚ St Vincent's Villa |
| ✚ Berkeley Eleanor Mann | ✚ The Jefferson School |
| ✚ Chesapeake Center | ✚ Woodbourne Center |
| ✚ Good Shepherd Center | |

Exhibit 2
Response to Comments from Interested Party
Docket No: 14-16-2367

Exhibit 2: Washington DC Placement Data for FY 11 and FY 12

The name, location and distance from DC of each out-of-state residential treatment center, psychiatric residential treatment facility, group home, therapeutic group home and any other rehabilitation settings used in FY 11 and FY 12 to date. Identify as "secure", "hardware secure", "staff secure", and / or "not secure".

Identify the number of youth placed in each facility during same time period, length of stay, and cost per diem.

Program Type	Program	State	Distance (in miles)	Rate in		Other rate	Security
				FY11	FY12		
Residential Treatment Center	Abraxas Academy	PA	100	3	3	\$315	hardware secured
Residential Treatment Center	Abraxas I	PA	250	48	29	\$218	staff secured
Residential Treatment Center	Abraxas Ohio	OH	400	17	9	\$235	staff secured
Residential Treatment Center	Abraxas Southern Peaks Regional Treat	CO	500+	1	1	\$335	staff secured
Residential Treatment Center	Abraxas Youth Center	PA	Within 100 miles	0	1	\$270	hardware secured
Residential Treatment Center	Healthcare Arizona Parc Place	AZ	500+	1	3	\$400	hardware secured
Residential Treatment Center	Healthcare Indianapolis Resolute Acquis	IN	500+	1	1	\$350	hardware secured
Residential Treatment Center	Healthcare Indianapolis Resource Facilit	IN	500+	7	8	\$300	hardware secured
Residential Treatment Center	Healthcare Millcreek of Arkansas - Ford	AR	500+	0	5	\$375	staff secured/locked
Residential Treatment Center	Healthcare Montana - RTC	MT	500+	1	5	\$345	hardware secured
Residential Treatment Center	Healthcare Millcreek of Pontiac	MS	500+	1	3	\$370	staff secured/locked
Residential Treatment Center	Healthcare Options Treatment Center A	IN	500+	1	0	\$350	hardware secured
Group Home	Adventist Group Home	MD	Within 50 miles	1	2	\$270	staff secured
Residential Treatment Center	Alabama Clinical School	AL	500+	2	2	\$270	staff secured/locked
Residential Treatment Center	Barry Robinson Center	VA	Within 100 miles	1	0	\$114	unsecured
Residential Treatment Center	Canyon State Academy	AZ	500+	16	12	\$174	staff secured
Residential Treatment Center	Clearnda Academy	IA	500+	30	30	\$195	staff secured
Residential Treatment Center	Colorado Boys Ranch	CO	500+	6	3	\$396	staff secured
Group Home	Community Ventures	VA	100	4	4	\$280	unsecured
Extended Family Home (Foster Care)	Contemporary Family Services, INC Exte	MD	Within 25 miles	0	18	\$188	fostercare
Residential Treatment Center	Coastal Harbor	GA	500+	5	3	\$311	staff secured/locked
Residential Treatment Center	Cottonwood Youth Academy	UT	500+	7	3	\$290	staff secured/locked
Residential Treatment Center	Cumberland Hospital for Children and A	VA	100	2	0	Va. Med Va. Med. DC Medicaid	staff secured/locked
Residential Treatment Center	Desert Hills RTC	NM	500+	3	3	\$320	staff secured/locked
Residential Treatment Center	Detroit Behavioral Institute RTC - Capstr	MI	500+	0	4	\$350	staff secured/locked
Residential Treatment Center	Devereux Florida	FL	500+	2	1	Fl. Med. Fl. Med. DC Medicaid	staff secured/locked
Residential Treatment Center	Devereux Georgia	GA	500+	7	5	\$332	staff secured/locked
Residential Treatment Center	Devereux Houston	TX	500+	0	0	Tx. Med. Tx. Med.	staff secured/locked
Therapeutic Group Home	Divinely Directed Services	VA	200	6	0	\$300	unsecured
Therapeutic Living	EMS of Virginia	VA	100	7	3	\$244	unsecured
Therapeutic Group Home	Family Solutions, Inc	VA	150	1	0	\$277	unsecured
Residential Treatment Center	Forest Ridge	IA	500+	1	1	\$160	staff secured
Residential Treatment Center	Fox Run Center for Children and Adoles	OH	250	1	1	Oh. Med. Oh. Med. DC Medicaid	staff secured/locked
Residential Treatment Center	Glen Mills	PA	100	2	3	\$117	staff secured
Residential Treatment Center	Good Shepherd RTC	MD	Within 100 miles	2	2	\$431	unsecured
Therapeutic Group Home	Guide Therapeutic Group Home Baltimc	MD	Within 100 miles	1	0	\$438	unsecured
Group Home	Guide Therapeutic Group Home Ft Wasl	MD	Within 25 miles	1	1		unsecured

Residential Treatment Center	Gulf Coast Treatment Center	FL	500+	1	1	Fl. Med.	DC Medicaid	hardware secured	
Residential Treatment Center	Hallmark Youthcare	VA	100	5	2	\$380	\$414 DC Medicaid	staff secured/locked	
Residential Treatment Center	Harbor Point Behavioral Health Center f	VA	200	0	1	\$414	DC Medicaid	staff secured/locked	
Job Corp	Harpers Ferry Job Corps	WV	Within 100 miles	1	1		unsecured		
Residential Treatment Center	Heartland Behavioral Health Services RT	MO	500+	1	1	\$650	DC Medicaid	staff secured/locked	
Residential Treatment Center	Hermitage Hall	TN				Tn. Med.	Tn. Med. DC Medicaid	staff secured/locked	
Therapeutic Group Home	Intercept Youth Services	VA	100	16	7	\$266	\$299	unsecured	
Group Home	Jacksonfield Group Home	VA	150	1	0		unsecured		
Residential Treatment Center	Jefferson Trail Treatment Center for Chi	VA	100	1	0	\$250	\$250	unsecured	
Group Home	Kent Youth Boy's Group Home	MD	Within 100 miles	1	1			unsecured	
Residential Treatment Center	Keystone Newport News	VA	150	26	6	\$250	DC Medicaid	staff secured/locked	
Residential Treatment Center	KidsPeace - Mesabi Academy	MN	500+	1	0	\$299	\$299	hardware secured	
Residential Treatment Center	KidsPeace-Orefield	PA	150	4	4	\$281	\$281 DC Medicaid	staff secured/locked	
Therapeutic Family Home	Koba Institute	MD	Within 25 miles	32	24	\$296	\$303	unsecured	
Residential Treatment Center	Lakeland Regional Hospital RTC	MO	500+	5	9	\$350	\$350	staff secured/locked	
Residential Treatment Center	Lakeside Academy RTC	MI	500+	7	4	\$195	\$195	staff secured	
Residential Treatment Center	Laurel Heights	GA	500+	1	0	\$300	\$300	staff secured/locked	
Group Home	Liberty Point	VA	150	1	0	\$350	\$350	staff secured/locked	
Extended Family Home (Foster Care)	Mentor Maryland Foster Care	MD	Within 100 miles	0	1		foster care		
Substance Abuse In-Patient	Mountain Manor Treatment Center	MD	Within 100 miles	16	4	\$350	\$350	secured/unsecured 18+	
Residential Treatment Center	Natchez Trace Youth Academy	TN	500+	6	4	\$300	\$300	staff secured	
Residential Treatment Center	National Deaf Academy RTC	FL	500+	0	1	\$385	\$385	staff secured/locked	
Residential Treatment Center	North Spring Behavioral Healthcare, Inc	VA	Within 50 miles	8	1	\$252	\$252 DC Medicaid	staff secured/locked	
Group Home	Oak Hill House Behavioral Group Home	MD	Within 100 miles	2	1		unsecured		
Residential Treatment Center	Our House Youth Home	MD	Within 25 miles	4	3	\$163	\$172	unsecured	
Residential Treatment Center	Palmetto Summerville	SC	400	11	0	\$345	\$375 DC Medicaid	staff secured/locked	
Residential Treatment Center	Palmetto Lowcountry	SC	400	7	0	\$345	\$375 DC Medicaid	staff secured/locked	
Residential Treatment Center	Palmetto Pee Dee	SC	400	9	1	\$345	\$375 DC Medicaid	staff secured/locked	
Substance Abuse In-Patient	Pathways Alcohol and Drug Treatment	MD	Within 50 miles	1	0		HSCN MEDISCN MED	unsecured	
Residential Treatment Center	Pines Treatment Center	VA	200	47	3	\$345	\$375 DC Medicaid	staff secured/locked	
Residential Treatment Center	Potomac Ridge Behavioral Health(Adver	MD	Within 25 miles	2	2	Md. Med.	Md. Med. DC Medicaid	staff secured/locked	
Residential Treatment Center	Provo Canyon School	UT	500+	29	12	\$270	\$270 DC Medicaid	staff secured/locked	
Therapeutic Group Home	Rest Assured	VA	100	5	0	\$275	\$275	unsecured	
Residential Treatment Center	Riverside Academy RTC	KS	500+	2	11	\$240	\$240 DC Medicaid	staff secured/locked	
Motherhood Program	Saint Anne's Infant Home	MD	Within 25 miles	3	1	\$269	\$269	unsecured	
Residential Treatment Center	San Marcos - PSI	TX	500+	10	4	\$349	\$306 DC Medicaid	staff secured/locked	
Substance Abuse In-Patient	Second Genesis Crownsville Maryland	MD	Within 50 miles	0	1			staff secured/locked	
Hospital	Sheppard Pratt	MD	Within 100 miles	0	2			staff secured/locked	
Therapeutic Group Home	Starflight Enterprises	MD	Within 50 miles	21	10	\$287	\$287	unsecured	
Hospital	Suburban Hospital	MD	Within 25 miles	0	1	Md. Med.	Md. Med.	staff secured/locked	
Residential Treatment Center	Summitt Academy	PA	250	12	3	\$174	\$179	staff secured	
Residential Treatment Center	Tennessee Clinical Schools	TN	500+	1	1	\$250		staff secured	
Residential Treatment Center	The Hughes Center	VA	250	1	0	Va. Med	Va. Med. DC Medicaid	staff secured/locked	

Independent Living (Supervised)	The Mentor Network	MD	Within 100 miles	2	0	\$114	\$114	unsecured	
Therapeutic Group Home	The Outreach House for Girls	VA	100	4	4	\$280	\$280	unsecured	
Group Home	The Way Home	MD	Within 100 miles	9	1	\$250	\$250	secured/unsecured 18+	
Residential Treatment Center	Turning Point	MI	500+	2	1	\$280	\$280	hardware secured	
Residential Treatment Center	University Behavioral Center	FL	500+	1	1	Fl. Med.	Fl. Med.	staff secured/locked	
Residential Treatment Center	Virginia Home for Boys and Girls RTC	VA	100	0	3	\$175	\$175	unsecured	
Residential Treatment Center	Vision Quest Franklin	PA	300	3	1	\$263	\$268	staff secured	
Residential Treatment Center	Vision Quest Lee Prep Academy @ Mea	PA	300	4	1	\$263	\$268	staff secured	
Residential Treatment Center	Vision Quest Madalyn - Rite of Passage :	PA	200	2	2	\$263	\$268	staff secured	
Residential Treatment Center	Vision Quest Madalyn - Rite of Passage	PA	100	1	3	\$263	\$268	staff secured	
Residential Treatment Center	Vision Quest South Mountain PA	PA	Within 100 miles	9	12	\$263	\$268	staff secured	
Residential Treatment Center	Vision Quest Standing Timbers Academy	PA	200	7	7	\$263	\$268	staff secured	
Extended Family Home (Foster Care)	WIN Team, Inc. EFH	MD	Within 100 miles	5	5	\$267	\$272	foster care	
Residential Treatment Center	Woodward Academy RTC in Iowa	IA	500+	11	7	\$195	\$195	staff secured	
Residential Treatment Center	Youth For Tomorrow	VA	Within 50 miles	28	21	\$188	\$201	unsecured	
Therapeutic Family Home	Youth in Transition	MD	Within 100 miles	20	10	\$245	\$245	staff secured	
Residential Treatment Center	Youth Villages in RTC Tennessee for Girl	TN	500+	1	1	\$390	\$405	hardware/secured	
Residential Treatment Center	Youth Villages RTC in Tennessee	TN	500+	1	1	\$390	\$405	unsecured	

Exhibit 3
Response to Comments from Interested Party
Docket No: 14-16-2367

Exhibit 3: West Virginia Students With Disabilities in Out-Of-State Facilities (FY 13
Report



West Virginia Students with Disabilities in Out-of-State Facilities

Report • FY13

Office of Special Programs
West Virginia Department of Education



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WEST VIRGINIA STUDENTS WITH DISABILITIES IN OUT-OF-STATE RESIDENTIAL FACILITIES ANNUAL REPORT • FY13

Purpose

The purpose of this report is to provide basic information regarding students with disabilities who have been placed by the West Virginia Department of Health and Human Resources (WVDHHR) or by local education agencies (LEAs) in out-of-state residential facilities. This information is the compilation of financial reports by the West Virginia Department of Education (WVDE), Office of Special Programs (OSP) and the Office of Internal Operations (OIO).

Introduction

The information in this report is organized into two sections: 1.) students with disabilities placed by WVDHHR in out-of-state facilities for non-educational purposes, and are continuing to receive special education services under a current Individualized Education Program (IEP), and 2.) students placed by LEAs in out-of-state facilities when a free appropriate public education (FAPE) cannot be provided within the county, the region or the state.

Report

STUDENTS PLACED BY WVDHHR IN OUT-OF-STATE FACILITIES FOR NON-EDUCATIONAL PURPOSES

West Virginia Code Chapter 49 Child Welfare provides a coordinated system of child welfare and juvenile justice for the children of West Virginia. It provides for removing the child from the custody of his parents and to secure custody, care and discipline for the child consistent with the child's best interests. The WVDHHR is designated as the agency that administers child welfare services in West Virginia.

The WVDHHR is authorized by West Virginia Code §49-2-16 to provide care, support and protective services for children who are in need of public service. The WVDHHR is also authorized to accept custody of children committed to its care by the courts. A child committed to the WVDHHR for custody remains in the care of the Department until he reaches eighteen years of age or is discharged because he is no longer in need of care.

As the agency administering the care and custody of children, WVDHHR has the authority to place children in a suitable environment and with persons or facilities having the appropriate qualifications to provide a necessary and desirable degree and type of care. As the placing agency, WVDHHR has the financial responsibility for the support and maintenance of the child during the continuance of the placement.

Any costs, including educational costs, that are involved in this out-of-state placement are properly regarded as part of "financial support and maintenance." In 1993, the WVDHHR and the WVDE entered into an interagency agreement with the provision that the WVDE fund the special education costs of eligible students with disabilities in accordance with federal and state statutes and regulations. A new agreement signed September 9, 2012, addresses eligible students who were placed by WVDHHR in an out-of-state facility for non-educational purposes, and were eligible for special education services according to the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and WV Board Policy 2419: Regulations for the Education of Exceptional Students and The West Virginia Procedures Manual for the Education of Students with Exceptionalities prior to WVDHHR placement and who are receiving special education services under a current IEP.

Until 1998, in accordance with the terms of the interagency agreement, WVDHHR paid the total costs of the out-of-state placements and was reimbursed by WVDE for the special education costs. In 1998, WVDHHR notified the out-of-state agencies to invoice WVDE separately for special education costs. WVDE began contracting directly with the out-of-state facilities in agreements separate from WVDHHR. The WVDE, OSP now receives invoices for special education services, verifies the student eligibility, assures that the facility develops a new IEP with collaboration from the LEA and approves the invoices for payment. Finally, payment is made through the WV Auditor's Office under the authority of the contract. The IDEA assigns to each state educational agency (SEA) the general supervisory authority for ensuring educational services are provided to all eligible students with disabilities in accordance with federal and state statutes and regulations. The educational monitoring of out-of-state facilities began April 2002 by the WVDE. In 2012, an interagency team, WVDE and WVDHHR developed the Interagency Consolidated Monitoring Manual, which describes the procedures to thoroughly and consistently monitor out-of-state facilities serving WV students to ensure appropriate treatment and educational services are being provided in a safe environment.

The team representing the WVDE and WVDHHR conducts on-site reviews of facilities out-of-state that are providing services for WV students. The goal is to identify facilities having demonstrated success in promoting positive growth and expected outcomes for students as defined within the West Virginia Out-of-State Facilities Standards. If the WVDE or the WVDHHR identifies deficiencies that would cause sanctions to be imposed, either agency will honor those sanctions. An interagency monitoring report is issued within 30 days from the on-site visit.

The interagency team (WVDE and WVDHHR) developed a Remote Assessment Process to review up to an additional five (5) facilities through a Desk Audit for the 2013-2014 school year. The Remote Assessment Procedures are included in Appendix B of the West Virginia Interagency Consolidated Monitoring Manual of Out-of-State Residential Facilities.

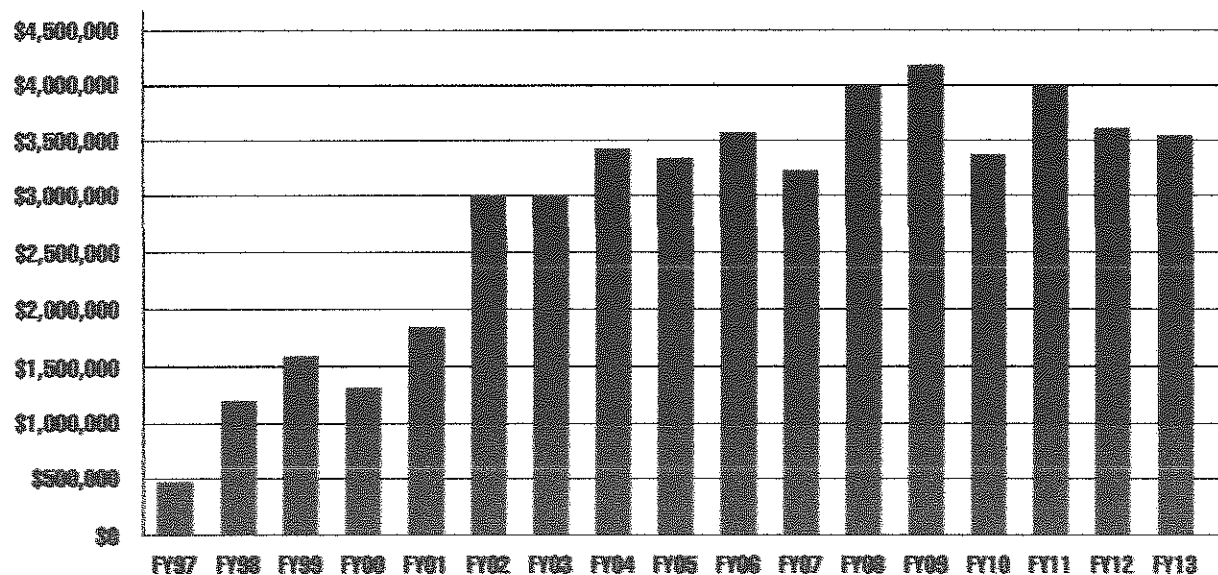
WEST VIRGINIA STUDENTS WITH DISABILITIES IN RESIDENTIAL FACILITIES EXPENDITURES • 2013

The chart below includes information on the current out-of-state facilities serving WV eligible students with disabilities placed by the WVDHHR. The number of eligible students served varies depending on several factors such as the availability of foster care, completion of treatment, age of student, length of court sentencing and the number of times a student is transferred from one facility to another. The total number of students in each facility will not be reflected in the total number of students placed. Some students are moved from one facility to another whereby they are counted more than once. Other students may be in a facility temporarily or for a short term placement for evaluation where they may not be receiving special education services.

Out-of-State Facility	Cost (as of 9-9-13)	Number of Students
Adelphoi Village	\$34,933.05	12
UHS of Delaware, Inc. Alabama Clinical Schools	\$25,050.00	2
Barry Robinson Center	0	1
Bellefaire Jewish Children's Bureau	0	2
Childhelp USA	\$96,425.00	6
Cornell Abraxas Group, Inc.	\$116,958.24	21
UHS of Delaware, Inc. Cottonwood	\$18,480.00	2
Cumberland Hospital	0	3
Devereux Foundation	\$417,852.77	19
ENA, Inc. dba Neco Center	\$11,039.00	1
Fairfield Academy, LTD	\$43,835.50	3
George Junior Republic in PA	\$521,352.25	55
Grafton Schools	\$408,225.00	13
UHS of Delaware, Inc. Gulf Coast Preparatory School	0	2
UHS of Delaware, Inc. Hopewell Area School District	\$7,525.00	2
UHS of Delaware, Inc. Keystone Continuum dba Cedar Grove	\$109,050.00	4
UHS of Delaware, Inc. Keystone Richland Center, LLC dba Foundations For Living	\$67,800.00	4
Kids Peace National Centers, Inc.	\$58,897.47	8

Out-of-State Facility	Cost (as of 9-9-13)	Number of Students
Leary Educational Foundation dba TimberRidge School	\$520,883.57	26
Liberty Point Healthcare	\$192,250.00	7
UHS of Delaware, Inc. Mountain Youth Academy	\$76,350.00	4
UHS of Delaware, Inc. Natchez Trace Youth Academy	\$7,500.00	3
National Deaf Academy	\$96,975.00	3
New Hope Carolinas, Inc.	\$37,501.10	2
UHS of Delaware, Inc. Newport News Behavioral Health Center	0	4
North Spring Behavioral Healthcare, Inc.	\$26,445.00	7
Southwood Psychiatric Hospital	\$21,465.00	5
Summit Schools, Inc.	0	7
UHS of Delaware, Inc. Tennessee Clinical Schools, LLC. dba Hermitage Hall	\$197,950.00	11
The Bradley Center	\$257,453.64	22
The Glen Mills Schools, Inc.	0	1
UHS of Savannah dba Coastal Harbor Treatment Center	\$144,540.00	12
Woodward Academy	\$27,500.00	2
Youth Educational Services of PA, LLC	0	3
Other Facilities (WVDE does not have a contract/does not offer special education services)	0	1
Total	\$3,544,236.59	280

WV DEPARTMENT OF EDUCATION INVOICES PAID FOR STUDENTS PLACED IN OUT-OF-STATE, FISCAL YEARS 1997 THROUGH 2013



Note: Represent invoices paid in a year not the services provided in a year.

Invoices Paid by Fiscal Year

FY97	\$491,323.08
FY98	\$1,210,837.31
FY99	\$1,593,688.64
FY00	\$1,321,605.40
FY01	\$1,854,138.50
FY02	\$2,994,093.06
FY03	\$3,021,642.61
FY04	\$3,421,851.09
FY05	\$3,338,084.36
FY06	\$3,573,157.95
FY07	\$3,232,936.53
FY08	\$4,008,369.83
FY09	\$4,176,464.00
FY10	\$3,372,000.00
FY11	\$3,977,000.00
FY12	\$3,609,048.45
FY13	\$3,544,236.59
Total	\$48,740,477.40

OUT-OF-STATE FACILITY STUDENT ENROLLMENT TABLE

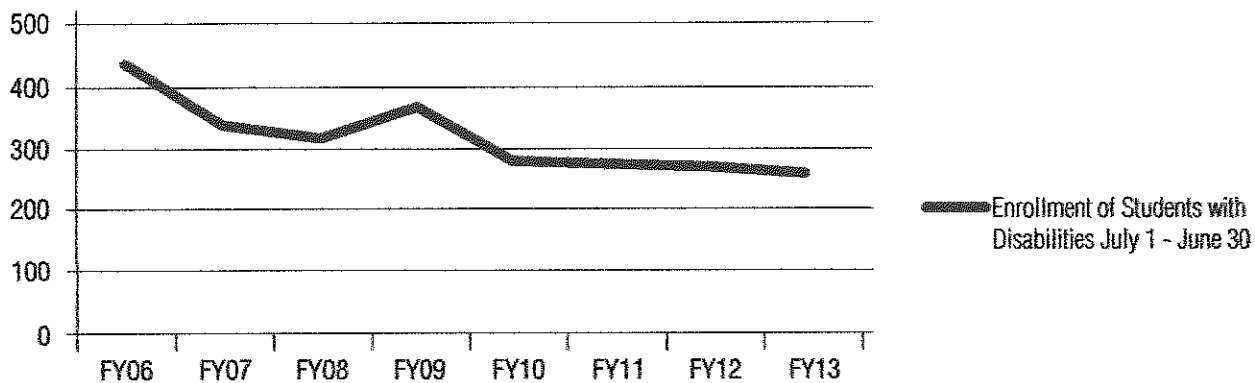
The following table illustrates the number of students with disabilities who have been placed by the WVDHHR over the last eight (8) years. These students were receiving special education and related services in LEAs prior to their placement for non-educational purposes and continued to receive special education services under an IEP in the out-of-state facility. Several students were placed in facilities in which the WVDE does not have a contract or in facilities that did not provide special education services. Two (2) students were placed in an out-of-state facility, returned to WV and placed OOS again in the same school year.

Fiscal Year	Student Enrollment
FY06	432
FY07	336
FY08	313
FY09	370
FY10	276
FY11	274
FY12	271
FY13	280

Facility	State	Daily Educational Rate FY13	Daily Educational Rate FY14	Additional Expenditures
Adelphoi Village	PA	\$78.15	\$80.10	
Barry Robinson Center	VA	\$109.00	\$129.00	
The Bradley Center	PA	\$155.28	\$155.28	
Childhelp USA	VA	\$145.00/\$160.00	\$145.00	Therapies billed separate.
Bellevue Jewish Children's Bureau	OH	\$425.00	\$425.00	
Cornell Abraxas Group, Inc.	PA	\$79.24	\$79.24	
USH of Delaware, Inc. (Cottonwood)	UT	\$120.00	*	
Devereux Foundation	PA	\$155.00/\$236.00	\$155.00/\$242.00	
ENA, Inc. dba Necco Center	OH	\$133.00/\$242.00	*	
Fairfield Academy, LTD	OH	\$63.00	\$63.00	
George Jr. Republic in PA	PA	\$98.50/\$114.25	\$86.30/\$105.00	
The Glen Mills Schools, Inc.	PA	\$34.65/\$114.74	\$36.05/\$116.45	
Grafton Schools	VA	\$225.00	\$236.25	Therapies billed separate.
USH of Delaware, Inc. (Hopewell Area School District)	PA	\$175.00	\$175.00	
Kids Peace National Centers, Inc.	PA	\$245.19	*	
Leary Educational Foundation dba TimberRidge School	VA	\$173.57	\$176.17	Therapies billed separate.
Liberty Point Healthcare	VA	\$250.00	\$250.00	
National Deaf Academy	FL	\$225.00	\$225.00	
New Hope Carolinas, Inc.	SC	\$184.93/206.05/\$207.00	\$184.93/206.05/207.00	
North Spring Behavioral Healthcare, Inc.	VA	\$215.00	\$215.00	
Ramey-Estep Homes, Inc.	KY	\$100.00	\$100.00	
Southwood Psychiatric Hospital	PA	\$135.00/\$140.00	*	
Summit Schools, Inc.	PA	\$101.67	\$101.67	
UHS of Delaware, Inc. (Alabama Clinical Schools)	TN	\$150.00	*	
Cumberland Hospital	VA		\$195.00	
UHS of Delaware, Inc. (Gulf Coast Preparatory School)	FL	\$150.00	*	
UHS of Delaware, Inc. Keystone Continuum dba Cedar Grove	TN		\$150.00	
UHS of Delaware, Inc. Keystone Richland Center, LLC dba Foundations for Living	OH		\$150.00	
UHS of Delaware, Inc. (Mountain Youth Academy)	TN		*	
UHS of Delaware, Inc. (Natchez Trace Youth Academy)	TN		\$150.00	
UHS of Delaware, Inc. (Newport News Behavioral Health Center)	VA		\$175.00/\$325.00	
UHS of Delaware, Inc. (Rock River)	IL	*	*	
UHS of Delaware, Inc. Tennessee Clinical Schools, LLC. dba Hermitage Hall	TN		\$150.00	
UHS of Savannah dba Coastal Harbor Treatment Center	GA	\$165.00	\$165.00	
Woodward Academy	IA	\$100.00	\$100.00	
Youth Educational Services of PA, LLC	PA	\$115.99	\$270.81/\$271.45	
Other Facilities				

*Contract not submitted as of 9-9-2013 for WVDE approval.

OUT-OF-STATE STUDENT ENROLLMENT OF STUDENTS WITH DISABILITIES



An out-of-state facility is any residential child care facility not within the borders of WV. The districts within the northern and eastern panhandles of WV have out-of-state facilities within 50 miles of the WV border. The chart below represents the number of students with disabilities from the Northern and Eastern panhandle placed in out-of-state facilities at the point-in-time child count.

Northern Panhandle				
Point in Time Child Count	Brooke	Hancock	Marshall	Ohio
2012-2013	4	3	4	10
2011-2012	2	5	2	11
2010-2011	3	3	2	10
2009-2010	2	2	3	9

Eastern Panhandle					
Point in Time Child Count	Berkeley	Hampshire	Jefferson	Mineral	Morgan
2012-2013	18	5	5	6	6
2011-2012	21	6	6	4	8
2010-2011	22	9	5	2	8
2009-2010	19	7	11	3	3

Percentage of Out-of-State Placements from the Northern and Eastern Panhandles

- 2012-2013: $61/131=47\%$
- 2011-2012: $65/125=52\%$
- 2010-2011: $64/126=51\%$
- 2009-2010: $59/163=36\%$

AVAILABLE FUNDING SOURCES FOR STUDENTS PLACED IN OUT-OF-STATE FACILITIES BY WVDHHR

LEAs have been paying a significant portion of the expense to educate students who are placed by WVDHHR in out-of-state facilities for non-educational reasons. Beginning with FY12, LEAs were instructed to enroll the students with disabilities placed out of state in WVEIS in order to access the state aid per pupil funds. LEAs could access additional funds for these students through the High Cost and High Acuity Reimbursement Application process.

Costs assessed to LEAs were based on the number of students in out-of-state placements who were listed on the August 2012 Facts Report from WVDHHR. This provided a point-in-time child count. The following is a summary of the final cost to LEAs, provided they enrolled students and applied for reimbursement:

LEA assessed cost per OOS student affecting FY12 special education state aid.	\$18,800.00
State aid received per enrolled student.	\$4,200.00
High Cost/High Acuity Reimbursement received per application.	(approximately) \$7,750.00
Actual cost to LEAs per OOS student	\$ 6,850.00

The out-of-state child count affecting FY13 state aid was 118 as reported on the October 1, 2012 point-in-time Child Count. Funds totaling \$2,218,400.00 were subtracted from the LEA special education state aid. Four LEAs lost their entire special education state aid funding, which did not cover the total amount owed and paid an additional \$293,236.00 from other state and local funds.

Cost for OOS Students with Disabilities		Reimbursement Available	
LEA special education state aid funds (based on OOS enrollment 10-1-12 118 X \$18,800.00 =\$2,218,400.00	\$1,925,164.00 (available)	State aid (based on OOS students enrolled at 2nd month on 10-1-12, 118 X \$4200.00)	\$550,200.00
Other LEA state/local funds paid by 5 LEAs to cover cost of OOS	\$293,236.00 (LEAs added)		
WVDE federal/state funds	\$1,325,836.59	High Cost/High Acuity Reimbursement Grant (federal/state funds)	\$632,284.00 Requested reimbursement
Total expenses paid in FY13 (as of 9-10-13)	\$3,544,236.59	Total reimbursement available to LEAs	\$1,170,200.00

The second month point-in-time (October 1, 2012) child count has been used to assess cost to LEAs for the next fiscal year. The second month child count reduces the following year's special education state aid.

PROJECTED COST - FY14

Individual Child Placed:

Amount charged to districts per child based on FY13 expenditures	\$16,811.00 (FY14)
Average amount received per child from 2nd month report	\$4,200.00 (FY13)
Projected amount to be received from High Cost-High Acuity Grant (approximately)	\$7,750.00 (FY14)
Net amount available to districts	\$11,950.00
Net difference paid by district per child	\$4,711.00

District	Students placed out-of-state FY13	State Allocation Reduction FY14	*Second Month Child Count for State Funds FY14	**High Cost/High Acuity FY14 (approx)	Total Recouped	Total Paid by Districts
Barbour	1	16,811	0	-	0	16,811
Berkeley	18	302,598	76,500	162,750	239,250	63,348
Boone	3	50,433	4,200	15,500	19,700	30,733
Braxton	1	16,811	0	-	0	16,811
Brooke	4	67,244	0	0	0	67,244
Cabell	6	100,866	4,250	23,250	27,500	73,366
Calhoun	1	16,811	0	7,750	7,750	9,061
Fayette	2	33,622	0	0	0	33,622
Hampshire	5	84,055	21,250	31,000	52,250	31,805
Hancock	3	50,433	12,750	0	12,750	37,683
Harrison	7	117,677	8,500	38,750	47,250	70,427
Jefferson	5	84,055	21,250	0	21,250	62,805
Kanawha	7	117,677	12,750	7,750	20,500	97,177
Lincoln	2	33,622	0	-	0	33,622
Logan	1	16,811	0	-	0	16,811
Marion	2	33,622	8,500	-	8,500	25,122
Marshall	4	67,244	12,750	15,500	28,250	38,994
Mercer	6	100,866	21,250	31,000	52,250	48,616
Mineral	6	100,866	8,500	0	8,500	92,366
Mingo	1	16,811	4,200	7,750	11,950	4,861
Monongalia	5	84,055	17,000	0	17,000	67,055
Monroe	1	16,811	0	7,750	7,750	9,061
Morgan	6	100,866	25,500	62,000	87,500	13,366
McDowell	1	16,811	0	7,750	7,750	9,061
Nicholas	2	33,622	8,500	23,250	31,750	1,872
Ohio	10	168,110	38,250	62,000	100,250	67,860
Preston	3	50,433	0	0	0	50,433
Putnam	1	16,811	4,200	15,500	19,700	*** (2,889)
Raleigh	3	50,433	12,750	54,250	67,000	*** (16,567)
Randolph	3	50,433	12,750	-	12,750	37,683
Roane	2	33,622	8,500	7,750	16,250	17,372
Tyler	1	16,811	0	-	0	16,811
Upshur	3	50,433	8,500	0	8,500	41,933
Wayne	1	16,811	4,200	7,750	11,950	4,861
Wirt	1	16,811	4,200	-	4,200	12,611
Wood	1	16,811	0	15,500	15,500	1,311
Wyoming	1	16,811	4,200	-	4,200	12,611
OIEP	1	16,811	0	-	0	16,811

*A zero indicates the district did not enroll OOS the assigned students there were students, therefore, the district was unable to recoup any state funds for the 2nd Month Child Count.

**High Cost/High Acuity Grants are based on the number of students placed out-of-state from the previous year (FY12) and districts apply for reimbursement. A zero indicates a district was eligible to apply for reimbursement, however, an application was not submitted or the application did not include the required documentation. A dash indicates a district did not had students placed out-of-state the previous year at the point-in-time child count; therefore, they will not be eligible for reimbursement until the next year.

***For the specific calculation, the appearance is the district recouped more funds than were paid out in the given year. When taking into consideration funds were withheld one year and reimbursed in two separate years, in actuality a district did not recoup more funds than were paid out.

STATES SERVING WEST VIRGINIA STUDENTS IN TREATMENT FACILITIES

State	Number of Students
Alabama	2
Florida	23
Georgia	11
Illinois	1
Iowa	2
Ohio	10
Pennsylvania	152
South Carolina	2
Tennessee	21
Virginia	66
Utah	2
Other (No facility listed)	1

These numbers represent the number of students who attended each facility. Many students have been transferred to more than one facility within the same school year.

HIGHEST OUT-OF-STATE PLACEMENTS

Out-of-State Facility	Number of Students	State
George Junior Republic of PA	53	PA
Leary Educational Foundation dba TimberRidge School	26	VA
The Bradley Center	22	PA
Cornell Abraxas Group, Inc.	21	PA
Devereux Foundation	20	FL/GA/PA

STUDENTS PLACED BY LEA IN OUT-OF-STATE FACILITIES BY THE IEP TEAM

West Virginia Board Policy 2419: Regulations for the Education of Students with Exceptionalities provides that the LEA may place a student with a disability in a private school or facility outside of West Virginia through the IEP process after determining that FAPE cannot be provided within the county, within the region or within the state. The LEA must develop an IEP for the student, investigate more than one private school or facility, assure the selected private school or facility has approved status in the state in which it is located, meets the requirements of the IDEA and has a current signed contract between the LEA and the private school or facility.

After a student with a disability is placed in a private school or facility by the LEA, the LEA must continue to assure that special education and related services are provided in conformance with an IEP, and the education meets the standards which apply to education provided by the LEA or the private school or facility. The LEA must ensure the parents and an LEA representative remain involved in any decision about the student's IEP and agree to any proposed changes in the IEP before those changes are implemented by the private school or facility.

As the placing agency, the LEA has the financial responsibility for support and maintenance of the student during the continuance of the placement. Funds to support the provision of these services are provided to LEAs through the state's public school support system, state special education entitlement, IDEA Part B entitlement and Medicaid reimbursement. In addition, the WVDE supports the LEAs through the state special education out-of-state funds. This support, however, may not cover the county's total cost for placing a student in an out-of-state facility. The following chart reflects the costs reported by the LEA and the support from WVDE.

OFFICE OF SPECIAL PROGRAMS

Out-of-State Grant Awards to Support IEP Placements FY13

Awards Issued: Total funds available = \$300,000.00

Funds were divided equally per semester between counties submitting applications for reimbursement, or for amounts of request, whichever was less.

County	1st Semester	2nd Semester	Total
Berkeley	\$ 42,014.00	\$ 27,087.50	\$ 69,101.00
Grant	\$ 19,777.00	\$ -	\$ 19,777.00
Hancock	\$ 21,175.00	\$ 19,375.00	\$ 40,550.00
Hampshire	\$ 25,020.00	\$ 22,275.00	\$ 47,295.00
Harrison	\$ 42,014.00	\$ 27,087.50	\$ 69,101.00
Jefferson	\$ -	\$ 27,087.50	\$ 27,087.50
Ohio	\$ -	\$ 27,087.50	\$ 27,087.50
TOTAL	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00

EXPENSES REPORTED/AWARDS GRANTED

2013 Out of State Expenses Submitted & Reimbursed					
County	1st Semester (Expenses per student)	2nd Semester (Expenses per student)	Total Award Amount		Balance Remaining Unfunded
			1st Sem	2nd Sem	
Berkeley	\$28,470.00	\$26,730.00			
Berkeley	\$27,240.00	\$23,070.00			
Berkeley	\$138,539.84	\$152,467.20			
Berkeley	\$28,050.00	\$26,010.00			
Berkeley	\$29,790.00	\$28,140.00	\$42,014.00	\$27,087.50	\$439,405.54
Grant	\$19,776.95		\$19,777.00		
Hancock	\$21,175.00	\$19,375.00	\$21,175.00	\$19,375.00	
Hampshire	\$25,020.00	\$22,275.00	\$25,020.00	\$22,275.00	
Harrison	\$56,128.49	\$52,662.54	\$42,014.00	\$27,087.50	\$39,689.53
Jefferson		\$45,072.00			
Jefferson		\$26,610.00		\$27,087.50	\$44,594.50
Ohio		\$27,586.00		\$27,087.50	\$498.50
Totals	\$374,190.28	\$449,997.74	\$150,000.00	\$150,000.00	\$550,798.02

SUMMARY

The number of students with disabilities placed in out-of-state facilities by WVDHHR has decreased slightly, however, the daily rates for special education services in the contracted out-of-state facilities in FY13 were generally higher than in FY12. Invoices received for educational services for eligible students placed by WVDHHR in out-of-state facilities for non-educational purposes for FY13 totaled \$3,544,236.59*. In addition, the WVDE provided \$300,000.00, at \$150,000.00 per semester, in assistance to districts for the costs incurred for students placed in out-of-state facilities by LEAs through the IEP process. Payments by districts for the remaining balances totaled \$524,188.02. LEA expenditures totaled \$824,188.02. The total cost for educating students with disabilities placed by WVDHHR and LEAs in out-of-state facilities for FY13 was \$4,368,424.61*.

**Subject to increase with receipt of additional invoices.*